

		APPLICATION FOR REFUND OF RETIREMENT DEDUCTIONS CIVIL SERVICE RETIREMENT SYSTEM <i>To avoid delay in payment (1) Complete application in full; (2) Typewrite or print in ink</i>				Form Approved OMB No. 3206-0128	
1. Name (Last, first, middle)		2. Date of birth (Month, day, year)		3. Social Security Number		4. Are you a citizen of the United States of America?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. List all other names you have used (Including maiden name, if applicable)				6. Previous application filed (Indicate by "X")		<input type="checkbox"/> Retirement Annuity <input type="checkbox"/> Refund	
						<input type="checkbox"/> Deposit or Redeposit <input type="checkbox"/> Voluntary Contributions	
7. List below all of your civilian and military service for the United States Government or District of Columbia						Indicate whether CS retirement deductions were withheld from your salary (Check One)	
Department or Agency (Including bureau, branch, or division where employed)	Location of Employment (City, State, and ZIP Code)	Title of Position	Periods of Service		<input type="checkbox"/> Withheld <input type="checkbox"/> Not Withheld		Have you paid deposit or redeposit for any period including military service after 1956? (Check One) <input type="checkbox"/> Full or Partially Paid <input type="checkbox"/> Not Paid
			Beginning Date	Ending Date			
8. Have you accepted any further employment with the Federal or District of Columbia government (or arranged for such employment) to become effective within 31 days from the ending date of your last period of service?		<input type="checkbox"/> Yes → Complete items 9, 10, 11 and 12 <input type="checkbox"/> No		16. APPLICANT CERTIFICATION I understand that I am not legally entitled to receive a refund if I am reemployed or otherwise assigned to a position under the Civil Service Retirement System within 31 days of separating from my most recent position. I agree to notify OPM if I am employed again within this time period and will return or repay any refund paid to me under those circumstances. I hereby certify that all statements in this application, including any information I have given on the back, are true to the best of my belief and knowledge and that the tax withholding election mark here reflects my wishes. Your Signature (Do not print) _____ Date _____			
9. If you answer "Yes" to item 8, are Civil Service Retirement deductions being withheld (or will they be withheld) from your salary during such employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
11. Department or agency, including bureau, branch or division in which you are (or will be) employed		12. Location of new employment (City, State, and ZIP Code)					
13. Indicate below whether you wish to have Federal income tax withheld from the interest portion of your refund				WARNING--Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)			
<input type="checkbox"/> Withhold Federal income tax from the interest portion of my refund payment. <i>If you elect withholding, the amount withheld will be 5% of the total interest payable.</i> <input type="checkbox"/> Do not withhold Federal income tax from the interest portion of my refund payment.							
14. Are you now married?		<input type="checkbox"/> Yes → Give name of current spouse <input type="checkbox"/> No		17. ADDRESS FOR MAILING REFUND CHECK			
				Number and Street		Telephone Number (Including area code)	
				City, State, and ZIP Code			
15. Have you been divorced on or after May 7, 1985?				WE CANNOT AUTHORIZE PAYMENT IF THIS ADDRESS IS ERASED OR OTHERWISE CHANGED NOTE: This application should not be offered to a financial institution or other person as collateral or security for a loan. The retirement law [5 U.S.C. 8346(a)] provides that an employee's retirement contributions are not assignable. A former employee must apply for refund personally and payment must be made directly to him or her. However, outstanding debts to the U.S. Government can, at the Government's request, be withheld from a refund, provided all legal requirements are met.			
<input type="checkbox"/> Yes → In the space provided on the back of this form list all living former spouses from whom you were divorced on or after May 7, 1985, and to whom you were married for at least 9 months. <input type="checkbox"/> No							
FOR AGENCY USE ONLY							
I certify that this agency received this OPM Form 1425 on the date shown below.							
Signature of Agency Official				Date Received			
Title				Agency Payroll Office Number			
See the back of this form for important information concerning your application for refund of retire- ment deductions and for a Privacy Act Statement.							